

**SCHEDULE OF MEDICAL BENEFITS
FOR
ELIGIBLE PARTICIPANTS AND DEPENDENTS**

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE APPLICABLE PLAN
EXCLUSIONS AND LIMITATIONS AND MAXIMUM ELIGIBLE EXPENSE LIMITS OF THE PLAN

THE BENEFIT PERIOD IS A CALENDAR YEAR

MEDICAL BENEFIT COST SHARING

An individual Covered Person cannot receive credit toward the Family Deductible or Out-of-Pocket Maximum for more than the individual Annual Deductible or Out-of-Pocket Maximum than is stated below.

Annual Deductible per Covered Person per Benefit Period	\$400
Annual Deductible per Family per Benefit Period	\$800

The Deductible applies unless specifically indicated as waived

Benefit Percentage in excess of the Deductible	
before satisfaction of Out-of-Pocket Maximum	80%
after satisfaction of Out-of-Pocket Maximum	100%

Out-of-Pocket Maximum per Covered Person	\$1,700*
Out-of-Pocket Maximum per Family	\$3,400*
*Includes the Annual Deductible	

ACCIDENTAL INJURY BENEFIT

Deductible Waived, Benefit Percentage	100%
Maximum Benefit per Accident	\$300

HOSPITAL SERVICES

Deductible Applies, Benefit Percentage	80%
Hospital Room and Board Limitation	Average Semi-Private
Intensive Care Unit Limitation	Maximum Eligible Expense

CHIROPRACTIC CARE

Deductible Applies, Benefit Percentage	80%
Maximum Number of Treatments per Benefit Period	35
Maximum Benefit per treatment	\$25
Maximum Benefit for Diagnostic X-rays per Benefit Period	\$100

"Treatment" includes all services provided
during a calendar day, except for X-rays

OFFICE VISIT BENEFIT

Deductible Applies*, Benefit Percentage 80%

*The Deductible is Waived for office visit charges rendered at Rosebud County HealthCare, Ashland Community Health Center and Colstrip Medical Center and only those charges billed for the evaluation and management (the consultation and examination in the physical presence of the provider in an office, clinic or other outpatient setting). Additional charges for services, i.e. diagnostic lab, office surgery, diagnostic miscellaneous testing, allergy injections, or office visit charges rendered at facilities other than Rosebud County HealthCare, Ashland Community Health Center or Colstrip Medical Center are subject to the Deductible and Benefit Percentage.

NEWBORN INPATIENT NURSERY/PHYSICIAN CARE

Deductible Applies, Benefit Percentage 80%

PREVENTIVE CARE**Routine Outpatient Well-child Care (through seven (7) years of age)**

Deductible Waived, Benefit Percentage 100%

Routine Well Adult Care (18 years of age or older)

Deductible Waived, Benefit Percentage 100%

ROUX-EN-Y DIVIDED GASTRIC BYPASS SURGERY BENEFIT

Deductible Applies, Benefit Percentage 80%

Maximum Lifetime Benefit limited to one procedure \$25,000

Other Limitations:

1. Limited to Covered Employees only
2. Limited to One procedure per Lifetime per Covered Person
3. No coverage if any previous bariatric surgical procedure

MENTAL ILLNESS

Deductible Applies, Benefit Percentage 80%

ALCOHOLISM, AND/OR CHEMICAL DEPENDENCY

Deductible Applies, Benefit Percentage 80%

GENETIC TESTING BENEFIT FOR BREAST CANCER MUTATION

Deductible Applies, Benefit Percentage 80%

Number of tests One per lifetime

Maximum benefit \$2,500

SURGICAL IMPLANT AND/OR DEVICES AND RELATED SUPPLIES

Deductible Applies, Benefit Percentage	80%
Maximum Benefit per Implant for the following:	
Orthopedic Implants	\$40,000
Cardiac Implants (except for LVAD and RVAD)	\$60,000
Cochlear Implants	\$85,000
LVAD / RVAD Implants	\$200,000

Maximums apply to any implantable device and all supplies associated with that implantable device.

Pre-treatment Review by the Plan is strongly recommended for all surgical implant procedures. If you choose not to obtain Pre-treatment Review, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.

MAXIMUM BENEFIT PER BENEFIT PERIOD FOR ALL CAUSES None